MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- July 11, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	885,077.19
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	595,043.17
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 11, 2018	$	1,480,120.36

APPROVED

JUL 11 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 11, 2018

PAYABLES AND PAYROLL			
7/5/2018	Weekly Payables	293,975.55	
7/9/2018	McKesson-340B Prescription Expense	2,973.43	
7/6/2018	Calhoun County Indigent Account-Co-Pays	260.00	
7/6/2018	Thyssenkrupp Elevator Corp-Inspection	583.00	
7/9/2018	Emergency Staffing Solutions	40,062.50	
7/9/2018	Texas Association of Counties-Unemployment	4,596.09	
7/6/2018	Payroll Liabilities (Payroll Taxes)	87,272.65	
7/6/2018	Payroll	272,341.72	
7/6/2018	Supplemental Liabilities (Payroll Taxes)	240.60	
7/6/2018	Supplemental Payroll	1,099.24	
	Electronic Bank Payments		
7/2-7/6/18	IBC Electronic Payments (Credit Card & Lease Fees)	129.20	
	Prosperity Electronics Payments		
6/29-7/5/18	Credit Card & Lease Fees	1,427.21	
7/15/2018	TCDRS - Estimated June Retirement	180,116.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 885,077.19**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
7/9/2018	Nursing Home UPl	71,102.32	
7/9/2018	Nursing Home UPl	404,041.33	
7/9/2018	Nursing Home UPl	106,513.11	
QIPP/INTEREST CHECKS TO MMC			
7/9/2018	Ashford-Quarterly Interest Earned	155.10	
7/9/2018	Golden Creek-Quarterly Interest Earned	105.81	
7/9/2018	Fort Bend-Quarterly Interest Earned	54.50	
7/9/2018	Solera-Quarterly Interest Earned	165.21	
7/9/2018	Broadmoor-Quarterly Interest Earned	173.78	
7/9/2018	Crescent-Quarterly Interest Earned	139.53	
7/9/2018	Ashford-To repay MMC Clinic for mis-paid remittances	7,573.69	
7/9/2018	Solera-To repay MMC Clinic for mis-paid remittances	1,558.76	
7/9/2018	Crescent-To repay MMC Clinic for mis-paid remittances	1,442.29	
7/9/2018	Broadmoor-To repay MMC Clinic for mis-paid remittances	2,017.74	
TOTAL NURSING HOME UPL EXPENSES			**$ 595,043.17**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 11, 2018			**$ 1,480,120.36**

7/5/2018
10:30
MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 07/18/2018
0

Vendor#	Vendor Name	Class	Pay Code
10814	ALLIED BENEFIT SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
413569	INSURANCE	6/18/2018	6/15/2018	7/15/2018			28,252.96	0	0	28,252.96

Vendor#	Vendor Name	Class	Pay Code
11756	AYA HEALTHCARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
472262	Tanicha Boutte 5/25/18 - 5/31/18 STAFFING	6/13/2018	6/7/2018	7/7/2018			2,126.25	0	0	2,126.25

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
107104541	LEASE/RENTA	7/3/2018 L	6/12/2018	7/7/2018			4,233.46	0	0	4,233.46
107121523	SUPPLIES	7/3/2018	6/20/2018	7/15/2018			344.61	0	0	344.61

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062718A	Pymt sent to MMC in error TRANSFER	7/2/2018	6/27/2018	6/27/2018			20.15	0	0	20.15
62718	Pymt sent to MMC in error TRANSFER	7/2/2018	6/27/2018	6/27/2018			241.24	0	0	241.24

Vendor#	Vendor Name	Class	Pay Code
10892	DIANE MOORE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70218	Tmth Conference 6/21/18 - 6/22/18 TRAVEL EXPE	7/5/2018 NSES JUNE	7/2/2018	7/2/2018			493	0	0	493

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY	C	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
63018	PRO FEES CL	7/5/2018 INIC JUNE	6/30/2018	6/30/2018			100,519.18	0	0	100,519.18

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A1803031378A	SOFTWARE, S	7/5/2018 UBSCRIP, ANNUAL	6/6/2018 CAR	7/1/2018			20,185.00	0	0	20,185.00
T1806111378	CODING AND	7/5/2018 BUSINESS SERVICE	6/11/2018 S	7/6/2018			22,818.11	0	0	22,818.11

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62118	PAYROLL DED	7/5/2018	6/21/2018	6/21/2018			75	0	0	75

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62718	Pymt sent to MMC in error. TRANSFER	7/2/2018	6/27/2018	6/27/2018			42,723.96	0	0	42,723.96

Vendor#	Vendor Name	Class	Pay Code
10507	JASON ANGLIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62718	CAH Conference 6/21-6/22/18 TRAVEL	7/5/2018	6/27/2018	6/27/2018			149.88	0	0	149.88

Vendor#	Vendor Name	Class	Pay Code
11275	KYLE DANIEL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62818	STRAC Conference 6/24-6/27/18 TRAVEL EXPENSES	7/5/2018	6/28/2018	6/28/2018			336.22	0	0	336.22

Vendor#	Vendor Name	Class	Pay Code
11796	LUBY'S		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CUL 2018 053108 37 2.01805E+11	FOOD SUPPLIES	7/5/2018	5/31/2018	6/30/2018			27,674.36	0	0	27,674.36

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62118	PAYROLL DED	7/5/2018	6/21/2018	6/21/2018			1,165.00	0	0	1,165.00

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62118	PAYROLL DED	7/5/2018	6/21/2018	6/21/2018			220	0	0	220

Vendor#	Vendor Name	Class	Pay Code
10764	MICHAEL CHAVANA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62718	CAH Conference 6/21/18-6/22/18 TRAVEL	7/5/2018	6/27/2018	6/27/2018			226.84	0	0	226.84

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62818	PAYROLL DED	7/5/2018	6/28/2018	6/28/2018			156.37	0	0	156.37

Vendor#	Vendor Name	Class	Pay Code

10810 MMC EMPLOYEE BENEFIT PLAN ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70218	INSURANCE	7/5/2018	7/2/2018	7/2/2018			35,470.21	0	0	35,470.21 ✓ ✓

Vendor# M2662 Vendor Name MMC VOLUNTEERS ✓ Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
671246	CARD MACHINE FEES	7/5/2018	7/2/2018	7/2/2018			110.52	0	0	110.52 ✓

Vendor# 11472 Vendor Name OCCUPRO LLC ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10081 ✓	LICENSES AND SUPPORT	6/27/2018	6/7/2018	7/7/2018			820.31	0	0	820.31 ✓ ✓

Vendor# 10927 Vendor Name ROSHANDA THOMAS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62718 CAH conference 6/21/18-6/22/18	TRAVEL	7/5/2018	6/27/2018	6/27/2018			229.14	0	0	229.14 ✓

Vendor# 10625 Vendor Name SARA RUBIO Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62818 Stmc Conference 6/21/18-6/22/18 ✓	TRAVEL	70518	62818	62818			262.02			262.02 ✓

Vendor# 10769 Vendor Name SUSAN FOESTER Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
70318 CAH conference 6/21/18 - 6/22/18	TRAVEL	7/5/2018	7/3/2018	7/3/2018			533.96	0	0	533.96 ✓

Vendor# 11228 Vendor Name TERRY SIZER Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62718 CAH conference 6/21/18-6/22/18	TRAVEL AND STAY	7/5/2018	6/27/2018	6/27/2018			533.96	0	0	533.96 ✓

Vendor# T0801 Vendor Name TLC STAFFING ✓ Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
23562 Rachel Schramm 6/4/18 - 6/5/18 ✓	STAFFING JUNE	6/27/2018	6/11/2018	6/11/2018			1,341.60	0	0	1,341.60 ✓

Vendor# 10793 Vendor Name WAGEWORKS ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62118	SUPPLIES	7/5/2018	6/21/2018	6/21/2018			2,521.64	0	0	2,521.64 ✓

Vendor# W1005 Vendor Name WALMART COMMUNITY ✓ Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

9379	SUPPLIES	7/5/2018	5/22/2018	5/22/2018	99	0	0	99.00
3774	SUPPLIES	7/5/2018	5/29/2018	5/29/2018	5.98	0	0	5.98
4200	SUPPLIES	7/5/2018	5/30/2018	5/30/2018	11.52	0	0	11.52
4265	SUPPLIES	7/5/2018	5/30/2018	5/30/2018	16.43	0	0	16.43
9510	SUPPLIES	7/5/2018	6/8/2018	6/8/2018	49.9	0	0	49.9
61618	LATE FEE	7/5/2018	6/16/2018	7/12/2018	7.77	0	0	7.77

GRAND TOTAL ~~293713.53~~ 293,975.55

APPROVED
ON
JUL 05 2018 CK #'s 176464-176489
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:07/11/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:47 CHECK REGISTER GLCKREG
07/11/18 THRU 07/11/18

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000003	07/11/18	173.78	MMC OPERATING
NHB *	000004	07/11/18	2,017.74	MMC OPERATING
NHG *	000012	07/11/18	105.81	MMC OPERATING
NHC	000019	07/11/18	139.53	MMC OPERATING
NHF	000020	07/11/18	1,496.79	MMC OPERATING
NHA	000021	07/11/18	320.31	MMC OPERATING
NHA *	000022	07/11/18	9,132.45	MMC OPERATING
A/P *	000989	07/11/18	2,973.43	MMC OPERATING- McKesson
A/P	176464	07/11/18	28,252.96	ALLIED BENEFIT SYSTEMS
A/P	176465	07/11/18	2,126.25	AYA HEALTHCARE INC
A/P	176466	07/11/18	4,578.07	BECKMAN COULTER INC
A/P	176467	07/11/18	261.39	BROADMOOR AT CREEKSIDE PARK
A/P	176468	07/11/18	493.00	DIANE MOORE
A/P	176469	07/11/18	100,519.18	DISCOVERY MEDICAL NETWORK INC
A/P	176470	07/11/18	43,003.11	EVIDENT
A/P	176471	07/11/18	75.00	FIRST CLEARING
A/P	176472	07/11/18	42,723.96	GOLDENCREEK HEALTHCARE
A/P	176473	07/11/18	149.88	JASON ANGLIN
A/P	176474	07/11/18	336.22	KYLE DANIEL
A/P	176475	07/11/18	27,674.36	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	176476	07/11/18	1,165.00	M G TRUST
A/P	176477	07/11/18	220.00	MEMORIAL MEDICAL CLINIC
A/P	176478	07/11/18	226.84	MICHAEL CHAVANA
A/P	176479	07/11/18	156.37	MMC AUXILIARY GIFT SHOP
A/P	176480	07/11/18	35,470.21	MMC EMPLOYEE BENEFIT PLAN
A/P	176481	07/11/18	110.52	MMC VOLUNTEERS
A/P	176482	07/11/18	820.31	OCCUPRO LLC
A/P	176483	07/11/18	229.14	ROSHANDA THOMAS
A/P	176484	07/11/18	262.02	SARA RUBIO
A/P	176485	07/11/18	533.96	SUSAN FOESTER
A/P	176486	07/11/18	533.96	TERRY SIZER
A/P	176487	07/11/18	1,341.60	TLC STAFFING
A/P	176488	07/11/18	2,521.64	WAGEWORKS
A/P	176489	07/11/18	190.60	WALMART COMMUNITY
A/P	176490	07/11/18	260.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	176491	07/11/18	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	176492	07/11/18	4,596.09	TEXAS ASSOCIATION OF COUNTIES
A/P	176493	07/11/18	583.00	THYSSENKRUPP ELEVATOR CORP
TOTALS:			355,836.98	

Nursing Home Interest / Mis-paid remit.

Account Payables

Criticals

Nursing — 13,386.41 +
McKesson — 2,973.43 +
Payables — 293,975.55 +
260.00 +
Criticals: 40,062.50 +
4,596.09 +
583.00 +
355,836.98 *

McKESSON

Company: 8000

STATEMENT

As of: 07/06/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 07/07/2018

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/06/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 07/07/2018

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,034.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 07/10/2018,
Pay This Amount: 2,973.43 USD ✓

If Paid After 07/10/2018,
Pay this Amount: 3,034.11 USD

Due If Paid On Time:
USD 2,973.43

Disc lost if paid late:
60.68

Due If Paid Late:
USD 3,034.11

CK # 989

629.98 +
89.65 +
2,253.80 +
2,973.43 *

APPROVED
ON
JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ok Jeve, GO 7-9-18

McKESSON

STATEMENT

Company: 8000

As of: 07/06/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 07/07/2018

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/06/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 07/07/2018

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/02/2018	07/10/2018	7879184127	9610361701	115Invoice	0.13	6.60		6.47 ✓		7879184127	
07/03/2018	07/10/2018	7879450672	9610367891	115Invoice	1.91	95.63		93.72 ✓		7879450672	
07/03/2018	07/10/2018	7879450673	0702180244-00	115Invoice	0.03	1.27		1.24 ✓		7879450673	
07/05/2018	07/10/2018	7879716413	5960450878	115Invoice	2.70	134.80		132.10 ✓		7879716413	
07/05/2018	07/10/2018	7879716415	5960454578	115Invoice	2.48	124.20		121.72 ✓		7879716415	
07/05/2018	07/10/2018	7879716416	0704180235-00	115Invoice	2.10	104.85		102.75 ✓		7879716416	
07/06/2018	07/10/2018	7879947439	3160501925	115Invoice	3.49	174.53		171.04 ✓		7879947439	
07/06/2018	07/10/2018	7879947441	0705180512-00	115Invoice	0.02	0.96		0.94 ✓		7879947441	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 642.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,708.38
07/02/2018

If Paid By 07/10/2018, Pay This Amount: 629.98 USD ✓

If Paid After 07/10/2018, Pay this Amount: 642.84 USD

Due If Paid On Time: USD 629.98

Disc lost if paid late: 12.86

Due If Paid Late: USD 642.84

APPROVED
ON
JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

on file CFO 7918

McKESSON

Company: 8000

STATEMENT

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/06/2018

DC: 8115

Territory: 400

Customer: 190813
Date: 07/07/2018

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/06/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 07/07/2018

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
07/05/2018	07/10/2018	7879704557	2017005074	115Invoice	0.64	32.23		31.59 ✓		7879704557	
07/06/2018	07/10/2018	7879943192	2017005094	115Invoice	0.75	37.63		36.88 ✓		7879943192	
07/06/2018	07/10/2018	7879943193	2017005094	115Invoice	0.43	21.61		21.18 ✓		7879943193	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 91.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,708.38
07/02/2018

If Paid By 07/10/2018, Pay This Amount: 89.65 USD ✓

If Paid After 07/10/2018, Pay this Amount: 91.47 USD

Due If Paid On Time: USD 89.65

Disc lost if paid late: 1.82

Due If Paid Late: USD 91.47

APPROVED
ON
JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ok JOLO CFO 7-9-18

McKESSON

STATEMENT

Company: 8000

As of: 07/06/2018

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 07/07/2018

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/06/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 07/07/2018

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
07/02/2018	07/10/2018	7879178411	1001256387	115Invoice	1.47	73.29		71.82 ✓		7879178411	
07/02/2018	07/10/2018	7879178412	1001256889	115Invoice	9.75	487.68		477.93 ✓		7879178412	
07/02/2018	07/10/2018	7879178413	1001257335	115Invoice	5.56	277.87		272.31 ✓		7879178413	
07/03/2018	07/10/2018	7879438000	1001257719	115Invoice	4.20	209.86		205.66 ✓		7879438000	
07/03/2018	07/10/2018	7879438003	1001257719	115Invoice	0.62	30.80		30.18 ✓		7879438003	
07/05/2018	07/10/2018	7879741085	1001258146	115Invoice	0.32	16.01		15.69 ✓		7879741085	
07/05/2018	07/10/2018	7879741088	1001258609	115Invoice	2.52	126.08		123.56 ✓		7879741088	
07/06/2018	07/10/2018	7879953137	1001259042	115Invoice	20.94	1,047.22		1,026.28 ✓		7879953137	
07/06/2018	07/10/2018	7879953138	1001259042	115Invoice	0.62	30.99		30.37 ✓		7879953138	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 2,299.80 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,708.38
07/02/2018

If Paid By 07/10/2018, Pay This Amount: 2,253.80 USD ✓

If Paid After 07/10/2018, Pay this Amount: 2,299.80 USD

Due If Paid On Time:
USD 2,253.80

Disc lost if paid late:
46.00

Due If Paid Late:
USD 2,299.80

APPROVED
ON
JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

OK Dave, CFO 7-9-18

07/06/2018
13:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 07/06/2018

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
070518		06/30/20	07/05/20	07/05/20			260.00	0.00	0.00	260.00
	CO PAYS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	260.00	0.00	0.00	260.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	260.00	0.00	0.00	260.00

APPROVED
ON
JUL 06 2018 CK# 176490

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/06/2018
13:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 07/06/2018

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
T2250	THYSSENKRUPP ELEVATOR CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
070618	INSPECTION	07/06/20	07/06/20	07/06/20	583.00	631.00	0.00	0.00	631.00 583.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP 583.00	631.00	0.00	0.00	631.00 583.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	631.00 583.00	0.00	0.00	631.00 583.00

APPROVED
ON
JUL 06 2018 CK# 176493

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/09/2018 MEMORIAL MEDICAL CENTER 0
09:38 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
36590	STAFFING ER	07/09/20	06/30/20	07/10/20			40,062.50	0.00	0.00	40,062.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,062.50	0.00	0.00	40,062.50

APPROVED
ON
JUL 09 2018 CK# 176491

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

07/09/2018 MEMORIAL MEDICAL CENTER 0
09:38 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
T1450	TEXAS ASSOCIATION OF COUNTIES ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
070918	UNEMPLOYMENT FUND CONT	07/09/20	07/09/20	07/09/20			4,596.09	0.00	0.00	4,596.09 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES	4,596.09	0.00	0.00	4,596.09

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,596.09	0.00	0.00	4,596.09 ✓

APPROVED
ON
JUL 09 2018 CK# 176492

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	18	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6	

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 87,272.65	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 45,211.16	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,573.58	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 31,487.91	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8032.00	N		N	N		153727.37
1	REGULAR PAY-S1	1662.25	N		N	N	N	69373.60
1	REGULAR PAY-S1	210.50	N		N	Y		6526.14
1	REGULAR PAY-S1	137.00	Y		N	N		3352.98
2	REGULAR PAY-S2	2473.75	N		N	N		54779.39
2	REGULAR PAY-S2	160.75	N		N	Y		5898.93
2	REGULAR PAY-S2	83.75	Y		N	N		2816.09
3	REGULAR PAY-S3	1533.00	N		N	N		39544.57
3	REGULAR PAY-S3	119.25	N		N	Y		4655.15
3	REGULAR PAY-S3	41.50	Y		N	N		1798.78
C	CALL PAY	2648.00	N	1	N	N		5296.00
E	EXTRA WAGES	30.25	N		N	N	N	793.63
E	EXTRA WAGES		N	1	N	N	N	915.00
F	FUNERAL LEAVE	24.00	N	1	N	N		742.08
I	INSERVICE	31.00	N	1	N	N		1076.46
K	EXTENDED-ILLNESS-BANK	88.00	N	1	N	N		1794.96
M	MEAL REIMBURSEMENT		N		N	N	N	12.00
P	PAID-TIME-OFF	1731.75	N	1	N	N		36421.62
X	CALL PAY 2	128.00	N	1	N	N		256.00
Y	YMCA/CURVES		N		N	N	N	30.00
Z	CALL PAY 3	24.00	N	1	N	N		72.00
p	PAID TIME OFF - PROBATION	60.00	N	1	N	N		1571.66
t	PHONE & DATA		N		N	N	N	1000.00

Deductions Summary

Code	Amount				
A/R	1063.00	A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1450.58	CAFE-2	987.52
CAFE-3	737.13	CAFE-4	391.80	CAFE-5	235.01
CAFE-C		CAFE-D	1650.89	CAFE-F	
CAFE-H	18522.14	CAFE-I		CAFE-L	
CAFE-P	231.57	CANCER		CHILD	
CLINIC	65.00	COMBIN	652.71	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1383.68	EAT	25.00	EATCSH	10.00
FEDTAX	31487.91	FICA-M	5286.82	FICA-O	22605.70
FIRSTC	75.00	FLEX S	2521.64	FLX FE	
FORT D		FUTA		GIFT S	118.62
GRANT		GRP-IN	65.76	GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	495.58	MASA	573.00	MEALS	119.80
MISC		MISC/		MMCSHR	52.21
OTHER		PHI		PHI***	
PR FIN	270.53	RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	1045.00	STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	27466.66	TUTION	5.20	UNIFOR	517.23
UW/HOS					

Grand Totals: 19218.75 (Gross: 392454.41 Deductions: 120112.69 Net: 272341.72)
Checks Count:- FT 191 PT 8 Other 47 Female 212 Male 33 Credit OverAmt 3 ZeroNet Term Total: 245

Pay Date
07-13-18

CFO 7-16-18

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	18	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 240.60	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 165.06	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 38.60	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 36.94	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
I	INSERVICE	24.00	N	N	N	N	N	656.16
P	PAID-TIME-OFF	24.00	N	N	N	N	N	675.04

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	36.94	FICA-M	19.31	FICA-O	82.53
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN		RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	93.18	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 48.00 (Gross: 1331.20 Deductions: 231.96 Net: 1099.24)
Checks Count:- FT 3 PT Other Female 3 Male Credit OverAmt ZeroNet Term Total: 3

Pay Date
07.13.18

ok nore. CAE
7-6-18

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --June 29th, 2018 - July 7th, 2018

Date	Bank Description	MMC Notes	Amount
7/2/2018	ACH Payment - FDGL ANNUAL FEE	- Credit Card Machine Lease Expense	30.20
7/6/2018	ACH Payment - VIVONET ACQUISIT PAYMENT	- Credit Card Machine Lease Expense	99.00
		Total Electronic Payments:	129.20

Diane Moore, CFO
Memorial Medical Center

July 9, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --June 29th, 2018 - July 7th, 2018

Date	Bank Description	MMC Notes	Amount
7/2/2018	ACH Payment CARDMEMBER SERV ELECT PYMT **********4378 4	- Credit Card Invoice	5,745.92 **
6/29/2018	ACH Payment FDGL ANNUAL FEE 052-0802937-000 410001252094	- Credit Card Machine Lease Expense	30.20
6/29/2018	ACH Payment FDGL ANNUAL FEE 052-0802938-000 410001252094	- Credit Card Machine Lease Expense	30.20
6/29/2018	ACH Payment FDGL ANNUAL FEE 052-0802939-000 410001252094	- Credit Card Machine Lease Expense	30.20
6/29/2018	ACH Payment FDGL ANNUAL FEE 052-1300412-000 410001253414	- Credit Card Machine Lease Expense	30.20
6/29/2018	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122659101329	- Payroll	259,350.79 ***
7/2/2018	ACH Payment FDGL ANNUAL FEE 052-1038879-000 410001280897	- Credit Card Machine Lease Expense	30.20
7/2/2018	ACH Payment FDGL ANNUAL FEE 052-1405221-000 410001281001	- Credit Card Machine Lease Expense	30.20
7/2/2018	ACH Payment STATE COMPTRLR TEXNET 30907308/80629 2100002	-DSRIP IGT DY7 Round One	3,574.82 *
7/2/2018	ACH Payment STATE COMPTRLR TEXNET 30908631/80629 2100002	-DSRIP IGT DY7 Round One	188,931.58 *
7/3/2018	ACH Payment IRS USATAXPYMT 220858410969281 6103601000246	- Payroll Taxes	84,506.95 ***
7/3/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03505522 910000144	- 340B Drug Program Expense	2,708.38 **
7/5/2018	ACH Payment FDGL LEASE PYMT 052-0802937-000 410001256831	- Credit Card Machine Lease Expense	86.30
7/5/2018	ACH Payment FDGL LEASE PYMT 052-0802938-000 410001256831	- Credit Card Machine Lease Expense	59.25
7/5/2018	ACH Payment FDGL LEASE PYMT 052-0802939-000 410001256831	- Credit Card Machine Lease Expense	59.25
7/5/2018	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001257044	- Credit Card Machine Lease Expense	43.26
7/5/2018	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001257044	- Credit Card Machine Lease Expense	40.02
7/5/2018	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001257045	- Credit Card Machine Lease Expense	69.24
7/5/2018	ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
7/5/2018	ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	194.68
7/5/2018	ACH Payment MERCH BNKCD DISCOUNT 971160914885 1149025200	- Credit Card Processing Fee	179.55
7/5/2018	ACH Payment MERCH BNKCD DISCOUNT 971160915882 1149025200	- Credit Card Processing Fee	64.90
7/5/2018	ACH Payment MERCH BNKCD FEE 971160910883 114902520001646	- Credit Card Processing Fee	9.95
7/5/2018	ACH Payment MERCH BNKCD FEE 971160911881 114902520001647	- Credit Card Processing Fee	29.90
7/5/2018	ACH Payment MERCH BNKCD FEE 971160912889 114902520001648	- Credit Card Processing Fee	9.95
7/5/2018	ACH Payment MERCH BNKCD FEE 971160913887 114902520001649	- Credit Card Processing Fee	157.18
7/5/2018	ACH Payment MERCH BNKCD FEE 971160914885 114902520001650	- Credit Card Processing Fee	48.44
7/5/2018	ACH Payment MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	113.56
7/5/2018	ACH Payment MERCH BNKCD INTERCHNG 971160914885 114902520	- Credit Card Processing Fee	60.63
			546,245.65

546,245.65 +
5,745.92 -
259,350.79 -
3,574.82 -
188,931.58 -
84,506.95 -
2,708.38 -
1,427.21 *

+ 30.20 + 30.20 + 30.20 + 30.20 + 30.20 + 30.20 + 86.30 + 59.25 + 59.25 + 43.26 + 40.02 + 69.24 + 19.95 + 194.68 + 179.55 + 64.90 + 9.95 + 29.90 + 9.95 + 157.18 + 48.44 + 113.56 + 60.63 + 1,427.21 *

Nell CFO 7918

Diane Moore, CFO
Memorial Medical Center

* Approved 06.20.18 CC
* Approved 07.03.18 CC
** Approved 06.27.18 CC

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

7/15/2018	TCDRS Retirement	Estimated Retirement Cost	180,116.00
			180,116.00

Diane C. Moore, CFO
Memorial Medical Center

July 9, 2018

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
7/9/2018

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	27,237.14 ✓	27,137.14 ✓	13,536.32	30,052.30	-	-	-	43,688.62 ✓	43,588.62
								Bank Balance	43,688.62	
								Variance	-	
								Remaining Balance	100.00	
								Adjust Balance/Transfer Amt	43,588.62	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	7,523.52 ✓	7,423.52 ✓	6,932.61	1,372.62		-	-	8,405.23	8,305.23
								Bank Balance	8,405.23 ✓	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	8,305.23	
									-	
Crescent	4588	2,412.71 ✓	-	8,440.50			-	-	10,853.21 ✓	10,753.21
								Bank Balance	10,853.21	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	10,753.21	
Broadmoor	4596	100.00 ✓	-	8,455.26			-	-	8,555.26	8,455.26
								Bank Balance	8,555.26 ✓	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	8,455.26	
Fort Bend	4618	24,274.29 ✓	24,174.29 ✓	4,828.93			-	-	4,928.93 ✓	-
								Bank Balance	4,928.93	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	4,828.93	
								Total IBC Transfers		71,102.32 ✓

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 614
Account # 2922

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: 7-9-18
Diane Moore, CFO 9-Jul-18

43,588.62 +
8,305.23 +
10,753.21 +
8,455.26 +
71,102.32 *

APPROVED
ON
JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/9/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	YTD Interest Earned		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	1381	242,917.32 ✓	242,697.23 ✓	28,694.31			-	28,914.40 ✓	**21,085.61**
							Bank Balance	28,914.40 ✓	
							Variance	-	
							Leave in Balance	100.00	
							April Bank Int	**68.09**	
							May Bank Int	**52.00**	
							June Bank Int	**35.01**	
							To Refund mispaid Remittances to MMC Clinic	**7,573.69** ✓	
							MMC Portion QIPP 1		
							MMC Portion QIPP 2		
							Adjust Balance/Transfer Amt	**21,085.61**	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA *0614*
Account # *4257*

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	YTD Interest Earned	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Hston	4438	174,490.61 ✓	174,274.98 ✓	136,591.04				136,806.67 ✓	**134,982.70**
							Bank Balance	136,806.67 ✓	
							Variance	-	
							Leave in Balance	100.00	
							April Bank Int	56.39	
							May Bank Int	59.24	
							June Bank Int	49.58	
							To Refund mispaid Remittances to MMC Clinic	1,558.76 ✓	
							MMC Portion QIPP 1		
							MMC Portion QIPP 2		
							Adjust Balance/Transfer Amt	**134,982.70**	
Crescent									
	4411	109,934.33 ✓	109,745.66 ✓	89,609.74			-	89,798.41 ✓	**88,116.59**
							Bank Balance	89,798.41 ✓	
							Variance	-	
							Leave in Balance	100.00	
							April Bank Int	32.04	
							May Bank Int	56.63	
							June Bank Int	50.86 ✓	
							To Refund mispaid Remittances to MMC Clinic	1,442.29 ✓	
							MMC Portion QIPP 1		

						MMC Portion QIPP 2		
						Adjust Balance/Transfer Amt	**88,116.59**	
Broadmoor								
	4403	165,084.84 ✓	164,870.52 ✓	147,708.19		-	147,922.51	**145,630.99**
						Bank Balance	147,922.51 ✓	
						Variance	-	
						Leave in Balance	100.00	
						April Bank Int	53.56	
						May Bank Int	60.76	
						June Bank Int	59.46	
					To	**Refund mispaid Remittances to MMC Clinic**	2,017.74 ✓	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2		
						Adjust Balance/Transfer Amt	**145,630.99**	
Fort Bend								
	4446	51,472.72 ✓	51,330.44 ✓	14,237.66		-	14,379.94	**14,225.44** ✓
						Bank Balance	14,379.94	
						Variance	-	
					Leave in Balance		100.00	
						April Bank Int	21.34	
						May Bank Int	20.94	
						June Bank Int	12.22	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2		
						Adjust Balance/Transfer Amt	**14,225.44**	

TOTAL TRANSFERS	**404,041.33** ✓

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC

JP Morgan Chase Bank

ABA 0614

Account # 2922

Note: Only balances of over $5,000 will be transferred to the nursing home.

Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: CFO

Diane Moore, CFO 7/9/2018

21,085.61 +
134,982.70 +
88,116.59 +
145,630.99 +
14,225.44 +
404,041.33 *

APPROVED
ON
JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/9/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	CkS Cleared	Pending Ck to MMC for QIPP	Pending Deposits	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Nexion Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	4454	190,093.20 ✓	189,920.85 ✓	106,546.57						-	-	106,718.92 ✓	106,513.11
											Bank Balance	106,718.92 ✓	
											Variance	-	
											Leave in Balance	100.00	
											April Bank Int	40.31	
											May Bank Int	32.04	
											June Bank Int	33.46	
											MMC Portion QIPP 1		
											MMC Portion QIPP 2		
											Adjust Balance/Transfer Amt	106,513.11	

Routing Information for Golden Creek:
Nexion Health at Golden Creek

Wells Farao Bank, N.A.
ABA 0248
Account # 0323

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: Diane Moore 7.9.18
Diane Moore, CFO 7/9/2018

APPROVED
ON
JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $155.10

G/L NUMBER: 21000012

EXPLANATION: Ashford - To transfer funds for interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
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AMOUNT: $105.81

G/L NUMBER: 21000013

EXPLANATION: Golden Creek - To transfer funds for interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: Dan CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
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AMOUNT: $54.50

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - To transfer funds for interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
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AMOUNT $165.21

G/L NUMBER: 21000011

EXPLANATION: Solera - To transfer funds for interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
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AMOUNT $173.78

G/L NUMBER: 21000009

EXPLANATION: Broadmoor - To transfer funds for interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
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AMOUNT: $139.53

G/L NUMBER: 21000010

EXPLANATION: Crescent - To transfer funds for interest earned.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $7573.69

G/L NUMBER: 21000012

EXPLANATION: Ashford - To repay MMC Clinic for mis-paid remittances

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $1558.76

G/L NUMBER: 21000011

EXPLANATION: Solera - To repay MMC Clinic for mis-paid remittances

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature], CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $1442.29

G/L NUMBER: 21000010

EXPLANATION: Crescent - To repay MMC Clinic for mis-paid remittances

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 7/9/18

APPROVED ON JUL 09 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $2017.74

G/L NUMBER: 21000009

EXPLANATION: Broadmoor - To repay MMC Clinic for mis-paid remittances

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: